



State of Nebraska
HHSR&L Credentialing Division, Nursing and Nursing Support
P.O. Box 94986 - Lincoln, NE 68509-4986
Telephone: (402) 471-4376

RENEWAL NOTICE

Your license as a Registered Nurse expires 10/31/06. The renewal fee of \$78.00 and this document, must be postmarked on or before 10/31/2006 to avoid lapsed status.

LICENSE # :

YOU MUST CHECK A BOX BELOW:

- ☐ ACTIVE \$78.00
☐ INACTIVE \$25.00
☐ LAPSED No Fee

TWO YEAR RENEWAL

Primary State of Residence: Nebraska is a member of the Nurse Licensure Compact. **As a condition of licensure in a compact state, you are required to declare your primary state of residence.** If you declare NEBRASKA as your primary state of residence, you will be issued a multi-state license, which will allow you to practice in ANY COMPACT STATE. If you declare another COMPACT STATE as your primary state of residence you cannot renew your registered nurse license in Nebraska unless you are employed in a federal facility (*complete **Contact Information** section). If you declare a NON-COMPACT STATE as your primary state of residence, you will be issued a Nebraska single-state license which authorizes you to practice only in Nebraska.

You MUST declare your primary State of residence during each renewal. This state is referred to as your home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principal home for legal purposes and is my domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.

MY CURRENT PRIMARY STATE OF RESIDENCE IS: _____ (Name of State)

Name & Address Changes: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name as printed above.

ONLINE LICENSE RENEWAL

You may renew your Nebraska Registered Nursing license online at: www.hhs.state.ne.us/crl/crlindex.htm

You will need your license number, your social security number and a credit card to renew online.

The web site has been constructed to make the process as simple as possible, and the renewal fee can be paid by using a credit card. While the renewal information can be submitted online, for certain circumstances such as name change, convictions, etc., documentation must be submitted by mail. Although the renewal will not be completed until the documentation is received, the process should still be faster than doing the entire renewal through the mail. Please give the online license renewal process a try. For those who choose not to renew online, the option to submit the renewal through the mail is still available.

If you choose to renew through the mail, please Make Checks Payable to: CREDENTIALING DIVISION - SUBMIT FEE AND THIS ENTIRE DOCUMENT.

***Contact Information**

Daytime Telephone Number: _____ Employer _____
Federal Employer? ____ Yes ____ No

Expired License: You may not practice after your license has expired on 10/31/06. **If you continue to practice after your license has expired, you will be assessed an administrative penalty fee of \$10.00 per day up to a maximum of \$1000.** Licenses not renewed or placed on lapsed or inactive status will be placed on lapsed status 30 days after the expiration date.

Definitions:

INACTIVE means that you cannot practice but may represent yourself as having an inactive license. To change from inactive to active status you MUST reinstate your license. You will be required to meet the renewal requirements that are in effect at the time the status change is requested. (If you choose this option, you are not required to complete or sign the reverse side of this notice).

LAPSED means that you cannot practice nor represent yourself as a licensed person. To change from lapsed to active status, you MUST reinstate your license. You will be required to meet the renewal requirements that are in effect at the time the status change is requested. (If you choose this option, you are not required to complete or sign the reverse side of this notice).

LATE PAYMENT PENALTY: If the renewal fee and/or this completed document are postmarked or submitted in person after the expiration date, a penalty fee of \$25.00 will be assessed. Licenses not renewed within 30 days following the expiration date will be placed on lapsed status.

You Must Answer the Following Questions:

If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete. These questions relate to the time period since the last renewal of your license or during the time period since initial licensure in Nebraska if such occurred within the last two years:

1	Have you been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has your license in any health care profession in another state been revoked, suspended, limited, placed on probation, or disciplined in any manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	If you answered yes to #1 or #2, has this conviction or disciplinary action been previously reported to our office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to #1 or #2 and NO to #3 above, you must request the following documents be sent directly to this office;

- Official Court Record, which includes charges and disposition
- If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required)
- If you are currently on court ordered probation, a letter from your probation officer addressing probationary conditions and your current status
- If your license in health care in another state has been revoked, suspended, limited, placed on probation, or disciplined in any way, an official copy of the disciplinary action, including charges and disposition. **If your nursing license was disciplined in Nebraska, you do not need to submit documents.**

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to this department within 30 days.

Affidavit of Continued Competency

In order to renew my Nebraska nursing license, I attest that I have completed one of the following: **(please check one)**

- _____ I have practiced nursing for at least 500 hours during the past 5 years. (Between 11/1/01 and 10/31/06) AND Completed at least 20 contact hours of acceptable continuing education/in-service education within the past 2 years (Between 11/1/04 and 10/31/06). Of the 20 hours attested to, no more than 4 hours are CPR and/or BLS classes, and at least 10 hours are peer reviewed.
- _____ I have graduated from a nursing program within the last 2 years (Between 11/1/04 and 10/31/06).
- _____ I have graduated from a nursing program in more than 2, but less than 5 years (Between 11/1/01 and 10/31/05) AND have completed at least 20 contact hours of acceptable continuing education/in-service within the past 2 years (Between 11/1/04 and 10/31/06). Of the 20 hours, no more than 4 hours are CPR and/or BLS classes, and at least 10 hours are peer reviewed.
- _____ I have completed a refresher course approved by the Nebraska Board of Nursing within the last 5 years (Between 11/1/01 and 10/31/06).
- _____ I have obtained/maintained current certification in a nursing specialty granted by a nationally recognized certifying organization.
- _____ I have developed and maintain a portfolio that includes my current continuing competency goals and evidence/verification of professional activities to meet those goals. Such evidence may include, but not be limited to, specialized training or experiences, continuing education, employer performance evaluation, or other evidence of demonstrated competency.
- _____ I have practiced nursing for at least 500 hours during the past 5 years. (Between 11/1/01 and 10/31/06) I request a waiver of the continuing education/in-service requirement due to: military assignment in a location where continuing education/in-service is not available ____; living outside of the USA and continuing education is not available ____; or serving as a missionary in a foreign country ____.

NOTE: All licensees are subject to a random audit of renewal requirements; therefore proof of having met the renewal requirements should be retained for seven years.

YOU MUST COMPLETE THIS CERTIFYING INFORMATION: I hereby certify that the information on this application is correct to the best of my knowledge.

Signature

Date

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Registered Nursing Workforce Survey 2006

1. Race Ethnic Category:

____ Caucasian/White
____ African American/Black
____ Native American
____ Asian/Pacific Islander
____ Other _____

3. Where was the location of the basic nursing education program that prepared you to take the RN licensing examination?

____ Nebraska
____ Other state or US territory
____ Foreign Country

5. Are you currently enrolled in a nursing education program leading to a degree/certificate?

____ Not currently enrolled
____ Baccalaureate Degree Program
____ Master's Degree Program
____ Post-Master's Certificate Program
____ Doctoral Program
____ Other _____

7. Are you currently licensed in Nebraska in an advanced practice role? (Mark all that apply)

____ Advanced Practice Registered Nurse (APRN)
____ Certified Registered Nurse Anesthetist (CRNA)
____ Certified Nurse Midwife (CNM)
____ Not licensed in an advanced practice role

2.a. Hispanic origin or descent? ____ Yes ____ No

2.b. If you speak a language other than English, please indicate:
Spanish _____ French _____ German _____ Other (list) _____

2.c. Are you fluent in sign language? ____ Yes ____ No

4. Which nursing education programs have you completed? (Mark all that apply)

____ Practical Nursing Program
____ RN Diploma Program
____ Associate Degree Program
____ Baccalaureate Degree Program
____ Master's Degree Program
____ Post-Master's Certificate
____ Doctoral Program

6. Which non-nursing degree(s) have you completed? (Mark all that apply)

____ Associate Degree
____ Bachelor's Degree
____ Master's Degree
____ Doctorate
____ Do not have a non-nursing degree

8. Which of the following best describes your current primary work situation? (Select one)

____ Working in a nursing position requiring an RN license or a position enhanced by my nursing knowledge and license
____ Working in a non-nursing job – looking for RN position
____ Working in a non-nursing job – not looking for RN position
____ Not employed – looking for an RN position
____ Not employed – looking for a non-nursing job
____ Not employed – not looking for a job

If you are not currently working in a nursing position (if you selected any option except the first option to question #8), you do not need to respond to the remainder of the questions. Thank you for your participation.

If you are currently working in a nursing position, please continue.

9. For how many employers do you currently work as an RN?

____ 1
____ 2
____ 3 or more

11. What is your current annual salary for all nursing employment?

____ Less than \$5,000
____ \$5,000 - \$25,000
____ More than \$25,000 but less than \$35,000
____ More than \$35,000 but less than \$45,000
____ More than \$45,000 but less than \$55,000
____ More than \$55,000 but less than \$65,000
____ At least \$65,000, but less than \$85,000
____ At least \$85,000, but less than \$105,000
____ More than \$105,000

10. In which states/jurisdictions are you currently practicing nursing? (Practicing nursing includes a variety of roles as defined in the Nurse Practice Act. Providing education/consultation, providing or managing direct patient care or using technology – telephone, computer, etc. – to assess, teach or advise patients in another state constitutes practicing nursing in that state.) Circle all that apply.

AL	AK	AS	AZ	AR	CA	CO
CT	DE	DC	FM	FL	GA	GU
HI	ID	IL	IN	IA	KS	KY
LA	ME	MH	MD	MA	MI	MN
MS	MO	MT	NE	NV	NH	NJ
NM	NY	NC	ND	MP	OH	OK
OR	PW	PA	PR	RI	SC	SD
TN	TX	UT	VT	VI	VA	WA
WV	WI	WY				

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For the following questions, please use the following definitions: **Principal Employment:** Where the greatest number of RN working hours are spent

Secondary Employment: Where the 2nd greatest number of RN working hours are spent

12. Please identify the type of setting that most closely corresponds to your nursing practice positions:

	Principal Employment (Select <u>one</u>)	Secondary Employment (Select <u>one</u>)
Hospital	_____	_____
Nursing Home	_____	_____
Assisted Living Facility	_____	_____
Alcohol/Detox/Halfway House	_____	_____
Hospice	_____	_____
Dialysis Center	_____	_____
Public/Community/Home Health	_____	_____
Student Health/School	_____	_____
Occupational Health	_____	_____
Ambulatory Care	_____	_____
Physician's Office/Health Clinic	_____	_____
Parish Nurses	_____	_____
Self-Employed	_____	_____
Agency Staff (temporary or scheduler)	_____	_____
Insurance Company/HMO	_____	_____
Other _____	_____	_____
Not applicable	_____	_____

13. Please choose the major activity that best corresponds to your:

	Principal Employment (Select <u>one</u>)	Secondary Employment (Select <u>one</u>)
Patient Care	_____	_____
Teaching/Instruction	_____	_____
Administration	_____	_____
Quality Assurance/Utilization Review	_____	_____
Case Management	_____	_____
Nursing Research	_____	_____
Other _____	_____	_____
Not applicable	_____	_____

14. How long have you been employed by your current facility/employer?

	Principal Employment	Secondary Employment
Less than 1 year	_____	_____
1-3 years	_____	_____
More than 3, but less than 5 years	_____	_____
5 or more, but less than 10 years	_____	_____
10 or more years	_____	_____
Not applicable	_____	_____

15. Of the total years you have been licensed as an RN, how many years have you been employed in nursing? _____ years; _____ months

17. On the average, how many hours per week (all employment) do you work as an RN?

____ 10 hours or less
____ more than 10 hours, but less than 20 hours
____ at least 20 hours, but less than 30 hours
____ at least 30 hours, but less than 40 hours
____ at least 40 hours, but less than 50 hours
____ 50 hours or more

19. How much longer do you plan to practice nursing?

____ 1-5 years
____ 6-10 years ____ 21-30 years
____ 11-15 years ____ >30 years
____ 16-20 years ____ do not know

21. What do you like most about your principal nursing employment? (Select one)

____ The work itself
____ Salary
____ The hours/schedule
____ The location
____ The people for whom I provide service (patients)
____ The people with whom I work (co-workers)
____ The benefits (insurance, paid vacation, retirement, etc.)
____ Other _____

16. Write in the county and state of your principal employment.

_____ County _____ State

18. If you are planning to retire in the next 5 years, what is the primary factor that would persuade you to delay your retirement? (Check only one. If you are not planning to retire, check "do not plan to retire.")

____ Increased salary
____ Continued benefits
____ Shortened/flexible work hours
____ Better benefits package
____ Employment opportunity for spouse/significant other
____ Less hours to commute
____ Other (specify) _____
____ Do not plan to retire.

20. How many miles do you drive one way to get to work at your principal nursing employment? _____

22. What do you like least about your principal nursing employment? (Select one)

____ The work itself
____ Salary
____ The hours/schedule
____ The location
____ The people for whom I provide service (patients)
____ The people with whom I work (co-workers)
____ The benefits (insurance, paid vacation, retirement, etc.)
____ Nothing, there isn't anything I don't like
____ Other _____

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23. How likely are you to leave your principal employment in the next 12 months?

- ☐ Very unlikely
☐ Somewhat unlikely
☐ Somewhat likely
☐ Very likely

25. How satisfied are you with your current job?

- ☐ Very Satisfied ☐ Somewhat Satisfied
☐ Dissatisfied ☐ Very Dissatisfied

27. Would you encourage others to choose nursing as a career?

- ☐ Yes ☐ No

24. If very likely or somewhat likely that you will leave your principal employment in the next 12 months, what is the main reason? (Select one)

- | | |
|---|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Dissatisfaction with salary |
| <input type="checkbox"/> Family/personal leave | <input type="checkbox"/> Returning to school |
| <input type="checkbox"/> Dissatisfaction with job | <input type="checkbox"/> Lack of opportunity for upward mobility in the organization |
| <input type="checkbox"/> Does not apply to me | <input type="checkbox"/> Other |

26. If you had to do it over, would you choose nursing as a career?

- ☐ Yes ☐ No

28. How satisfied are you with nursing as a career?

- | | |
|---|---|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Somewhat Satisfied |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Very Dissatisfied |